United States Senate

WASHINGTON, DC 20510

February 18, 2015

Marilyn Tavenner
Administrator
Centers for Medicare and Medicaid Services
Department of Health and Human Services
201 Independence Avenue, S.W., Room 445-G
Washington, D.C. 20201

Dear Administrator Tavenner:

We are writing in advance of the CY2016 45-Day Notice for Medicare Advantage (MA) in order to renew our commitment to preserving the high quality health plan choices and benefits that our constituents receive through the MA program. We urge you to minimize disruptions for beneficiaries enrolled in the MA program by maintaining payment levels and providing a stable policy environment for 2016.

More than 16 million seniors and individuals with disabilities - accounting for approximately 30 percent of all Medicare beneficiaries - are currently enrolled in MA plans, which typically offer a range of innovative services and coordinated benefits. We support the MA plans offered today for many reasons, including their emphasis on preventive care beginning with in-home health assessments, the systems of coordinated care they have developed to provide for the seamless delivery of health care services, and disease management services they provide for those with chronic conditions.

Regulatory policy changes that affect the program's funding, year after year, are creating disruption and confusion among beneficiaries who are looking for consistency and predictability and can damage a program that offers value for beneficiaries. This is particularly true for low-income beneficiaries who are financially vulnerable, as well as rural and minority populations who are seeing fewer plan choices. Furthermore, such disruptions threaten to impede health plans from driving the innovation that has resulted in better coordinated care and improved outcomes for beneficiaries who enroll in Medicare Advantage.

We ask that you carefully consider how beneficiaries would be impacted by further cuts to the MA program. At a time of broad agreement on the need to shift U.S. health care to focus on care coordination, quality, and value-based payments, it would be counterproductive to jeopardize a program that is already driven by and aligned toward those goals. We urge you to provide needed stability to the MA program that will protect MA enrollees from disruptive changes in 2016.

Sincerely,

Mike Cryoo

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